



## UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
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Bib Data Sheet

CONFIRMATION NO. 6731

<b>SERIAL NUMBER</b> 09/921,430	<b>FILING DATE</b> 08/02/2001 <b>RULE</b>	<b>CLASS</b> 241	<b>GROUP ART UNIT</b> 3725	<b>ATTORNEY DOCKET NO.</b> KG-1804	
<b>APPLICANTS</b> Robert W. Britzke, Eureka Springs, AR; <b>** CONTINUING DATA *****</b> <b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 09/08/2001</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance		<b>STATE OR COUNTRY</b> AR	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 18	<b>INDEPENDENT CLAIMS</b> 5
<b>ADDRESS</b> Kevin P. Weldon Kennametal Inc. P.O. Box 231 Latrobe, PA 15650					
<b>TITLE</b> Wear resistant center feed impact impeller					
<b>FILING FEE RECEIVED</b> 870	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		



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ADDRESS Kevin P. Weldon Kennametal Inc. P.O. Box 231 Latrobe, PA 15650						
TITLE Wear resistant center feed impact impeller						
FILING FEE  RECEIVED 954	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____			

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